

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0189
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 436 or 440.

For Office Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>12594</u>	2. Fiscal Year Covered From: <u>1/1/2004</u> Through <u>12/31/2004</u>
3. Name and address of person filing. Name <u>William E. McGowan</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 1122</u> Street City <u>North Kingstown</u> State <u>RI</u> ZIP Code + 4 <u>02882</u>	4. Name, file number, and address of labor organization. Name <u>IBEW 2323</u> Labor Organization File Number <u>068-379</u> P.O. Box, Building and Room Number, if any Street <u>100 Mainway Rd</u> City <u>Cranston</u> State <u>RI</u> ZIP Code + 4 <u>02920</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed

William McGowan

On

8-15-05
Date

609-946-2323
Telephone Number

Name of Person Filing <u>William C McEwan</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name, if any).

Name Blue Cross Blue Shield of RI
 Trade Name, if any Blue Cross Blue Shield of RI
 P.O. Box, Bldg., Room No., if any 1000
 Street 444 Westminster St
 City Providence
 State RI ZIP Code + 4 02903

9. Business deals with:

- ☐ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name Blue Cross Blue Shield of RI
 Trade Name, if any Blue Cross Blue Shield of RI
 P.O. Box, Bldg., Room No., if any 1000
 Street 444 Westminster St
 City Providence
 State RI ZIP Code + 4 02903

11.a. Nature of such deal:

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Blue Cross Blue Shield of RI
 Trade Name, if any Blue Cross Blue Shield of RI
 P.O. Box, Bldg., Room No., if any 1000
 Street 444 Westminster St
 City Providence
 State RI ZIP Code + 4 02903

14.a. Nature of payment.

Compensation
Board of Directors
Retainer, meetings, meals

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment

19,500